

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

Date Signature, Chair, Board of Trustees

County: District: District Level:

32 Miss	oula	0583	Missoula	Elem		Elemen	ntary

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10bb	16.8	1.57	71	12/20/04		
100	1	10HB	11	1.57	71	12/20/04		
100	1	10HD	10	1.57	71	12/20/04		
100	1	10SD	19.4	1.57	71	12/20/04		
100	1	10sp	45	0.95	17	12/20/04		
100	1	11HB	16.8	1.57	71	12/20/04		
100	1	11HD	17	1.57	71	12/20/04		
100	1	11sb	33.5	1.57	71	12/20/04		
100	1	11sp	45	0.95	17	12/20/04		
100	1	12s	13	1.57	71	12/20/04		
100	1	12sp	45	0.95	15	12/20/04		
100	1	13bb	41.3	1.57	71	12/20/04		
100	1	13HD	6	1.57	71	12/20/04		
100	1	13sp	45	0.95	15	12/20/04		
100	1	14bb	49.1	1.57	71	12/20/04		
100	1	14HD	8.2	1.57	71	12/20/04		
100	1	14sp	45	0.95	15	12/20/04		
100	1	15sp	45	0.95	20	12/20/04		
100	1	16HBCD	27.9	1.57	71	12/20/04		
100	1	17BD	11	1.57	71	12/20/04		
100	1	17sp	45	0.95	20	12/20/04		
100	1	18HBD	51	1.57	71	12/20/04		
100	1	18sp	45	0.95	14	12/20/04		
100	1	19HBD	18	1.57	71	12/20/04		
100	1	19sp	45	0.95	15	12/20/04		
100	1	1hd	12	1.57	71	12/20/04		
100	1	1sb	16.7	1.57	71	12/20/04		
100	1	20sp	45	0.95	15	12/20/04		
100	1	21sp	45	0.95	15	12/20/04		
100	1	22sp	45	0.95	15	12/20/04		
100	1	23sp	45	0.95	15	12/20/04	l	



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First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0583 Missoula Elem 32 Missoula Elementary

32 WIISSU	Jula	0505	0303 Wiissoula Elelli				Elemental y			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	1	27SP	45	1.15	53	12/20/04	-			
100	1	28SP	45	0.95	16	12/20/04				
100	1	2HD	11.9	1.57	71	12/20/04				
100	1	3hb	21.4	1.57	71	12/20/04				
100	1	4sb	19.6	1.57	71	12/20/04				
100	1	5hb	9.4	1.57	71	12/20/04				
100	1	5sp	45	0.95	18	12/20/04				
100	1	6HBD	18.3	1.57	71	12/20/04				
100	1	6SBD	20	1.57	71	12/20/04				
100	1	6sp	45	0.95	18	12/20/04				
100	1	7bb	24.3	1.57	71	12/20/04				
100	1	7hb	4.6	1.57	71	12/20/04				
100	1	7sp	45	0.95	18	12/20/04				
100	1	8sp	45	0.95	18	12/20/04				
100	1	9sp	45	0.95	18	12/20/04				
100	1	K1	19.1	0.95	18	12/20/04				
100	1	K3	38.4	0.95	15	None				
100	1	K5	27	0.95	15	12/20/04				
100	1	K7	25.7	0.95	18	12/20/04				
100	1	SE50	45	0.95	18	12/20/04				
100	1	SE51	45	0.95	18	12/20/04				
100	1	SE52	45	0.95	20	12/20/04				
100	1	SE53	45	0.95	14	12/20/04				
100	1	SE54	45	0.95	15	12/20/04				
100	1	SE55	45	0.95	15	12/20/04				



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Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge.

Date Signature, Chair, Board of Trustees

County: District: District Level:

32 Misso	oula	0:	584 Missoula	HS			High	School
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10BA	16.9	1.57	71	12/20/04		
100	1	11BA	36.4	1.57	71	12/20/04		
100	1	12BA	40	1.57	71	12/20/04		
100	1	16SP	45	0.95	20	12/20/04		
100	1	1BA	43	1.57	71	None		
100	1	1HA	133	1.57	71	12/20/04		
100	1	1SA	52.2	1.57	71	12/20/04		
100	1	1SP	45	0.95	20	12/20/04		
100	1	24SP	45	0.95	15	None		
100	1	25SP	45	0.95	19	12/20/04		
100	1	25SS	80	1.57	71	12/20/04		
100	1	26SP	45	0.95	19	12/20/04		
100	1	26ss	62	0.95	41	None		
100	1	29SP	45	0.95	48	12/20/04		
100	1	2BA	69	1.57	71	12/20/04		
100	1	2HA	136.6	1.57	71	12/20/04		
100	1	2SA	16.3	1.57	71	12/20/04		
100	1	2SP	45	0.95	27	12/20/04		
100	1	3BA	51.8	1.57	71	12/20/04		
100	1	3НА	76.3	1.57	71	12/20/04		
100	1	3SA	18	1.57	71	12/20/04		
100	1	3SP	45	0.95	13	12/20/04		
100	1	4BA	37.7	1.57	71	12/20/04		
100	1	4SP	45	0.95	18	12/20/04		
100	1	5BA	54.2	1.57	71	12/20/04		
100	1	5HA	19.6	1.57	71	12/20/04		
100	1	6BA	59	1.57	71	12/20/04		
100	1	6НА	29.7	1.57	71	12/20/04		
100	1	7BA	56.4	1.57	71	12/20/04		
100	1	7HA	25.6	1.57	71	12/20/04		
100	1	8BA	48	1.57	71	12/20/04		

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 32 Missoula 0584 Missoula H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 1 8HA 55 1.57 71 12/20/04 100 1 9BA 45.9 1.57 71 12/20/04 100 1 9HA 26.9 1.57 71 12/20/04



School District Claim for State Reimbursement for **School Bus Transportation**

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First Semester February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 32 Missoula 0586 Hellgate Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Capacity Social Security # Percentage # # Per Mile Inspection Operated 100 4 1 36 1.57 71 12/31/04 100 4 10 68 1.36 66 12/31/04 100 4 27 71 12/31/04 11 1.57 100 4 12 33 1.36 65 12/31/04 71 100 4 13 13 1.57 12/31/04 100 4 14a 10 1.57 71 12/31/04 71 100 4 14b 10 1.57 12/31/04 100 4 15 1.57 72 12/31/04 15a 37 72 100 4 1.57 12/31/04 15b 71 100 4 16 10.4 1.57 12/31/04 100 4 2 49 1.36 65 12/31/04 100 4 3a 13 1.36 65 12/31/04 100 4 17 65 12/31/04 3b 1.36 100 13 1.57 71 12/31/04 4 4a 100 18 71 4 4b 1.57 12/31/04 100 4 5a 17 1.57 71 12/31/04 100 18 71 4 5b 1.57 12/31/04 100 4 21 1.57 72 12/31/04 6a 100 21 72 12/31/04 4 6b 1.57 100 20 71 4 7a 1.57 12/31/04 100 4 7b 20 1.57 71 12/31/04 72

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 32 Missoula 0588 Lolo Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 7 1-A 6.2 1.36 66 01/19/05 7 100 1-B 4.9 1.36 66 01/19/05 100 7 2 25 01/19/05 1.36 66 7 100 3-A 26.8 1.36 01/19/05 66 7 100 3-B 19 01/19/05 1.36 66

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superinter February 15 to State Superinter		Second May 10 to Count May 24 to State S	=
COMPLE	TE THIS CLAIM FOR STATE REIMBU	RSEMENT FO	R SCHOOL BUS TRANSPOR	TATION:
This claim	is for the period beginning	, 20	_ and ending	, 20
	month	day	month	day
CERTIFI	CATION:			
The inform	nation on this form is complete and accurate to the b	est of my knowledge	е.	
Date	Signature, Chair, Board of	f Trustees		

County:			District	istrict:			District	Level:	
32 Misso	oula		0589 Potomac Elem			Elem	entary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	11	1		54	1.36	65	12/29/04		
100	11	2		30	1.36	65	12/29/04		

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
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County	

DUE
DATES

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12/29/04

None

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0590 Bonner Elem 32 Missoula **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 100 14 1 10.7 1.57 71 12/29/04 100 14 10 8.8 1.57 71 12/29/04 100 14 0.00 72 12/29/04 11 6.5 14 100 12 3.8 0.00 72 12/29/04 100 14 14 5.7 0.95 10 12/29/04 100 14 15 5.7 0.95 10 12/29/04 2 71 100 14 3.7 0.00 12/29/04 100 14 3 10 1.57 72 12/29/04 14 100 4 72 3.2 0.00 12/29/04 5 7.2 71 100 14 1.57 12/29/04 100 14 6 3.2 0.00 71 12/29/04 7 100 14 16.7 1.36 66 12/29/04 100 14 7A 16.7 72 1.57 None

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	Г 59620-25	01		School Bus Transportation				
DUE February 1 to County Superintendent February 15 to State Superintendent								Second Semes o County Super o State Superin	rintendent		
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO:	N:		
This clair	n is for the	period beginning	-	month	day,	20 and en	dingn	nonth	, 20 day		
CERTIF	CERTIFICATION:										
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:								District	Level:		
32 Misso	oula		0591	Woodma	n Elem			Elem	entary		
Parcentage	District #	Route		Miles Per Day	Rate Per Mile	Canacity	Inspection	Days Operated	Bus Driver's		

71

12/20/04

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintend February 15 to State Superintende		•	Second Sem o County Sup o State Super	perintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBUR	SEMENT FO	OR SCHOOL BUS TRAI	NSPORTATI	ON:
This claim	is for the period beginning	, 20	and ending		, 20
	month	day	m	nonth	day
CERTIFI	CATION:				
The inform	nation on this form is complete and accurate to the best	of my knowleda	ge.		
Date	Signature, Chair, Board of T	rustees			

County:			District	District:						vel:
32 Misso	oula		0592	DeSmet 1	Elem				Elemer	ntary
	District	Route		Miles	Rate				ays	Bus Driver's
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Ope	rated	Social Security #
100	20	1		68.8	1.57	71	12/20/04			
100	20	2		25	1 57	71	12/20/04			

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State	
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DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0593 Target Range Elem 32 Missoula **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 1t-56 100 23 56 1.57 71 12/20/04 100 23 1T-56A 53 1.57 71 12/20/04 100 23 2t-50A 52 71 12/20/04 1.57 3T50A 71 12/20/04 100 23 52 1.57 100 55 55 71 12/20/04 23 1.57

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School District Claim for State Reimbursement for School Bus Transportation

State	
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DUE
DATES

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR	SCH	OOL BUS TRA	ANSPORTA	ATION:	
This clain	n is for the	period beginning			,	20	and end	ling		, 20	
			n	nonth	day				month	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is compl	ete and a	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						I	District Level:	
32 Missoula 0595 Clinton Elem					I	Elementary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Day Opera		Bus Driver's Social Security #
100	32	1 DAN/ERIO	CA	59.2	1.57	72	2	None			
100	32	2 BETTY		27.6	1.57	71		None			
100	32	3 KEN/BO	В	52	1.57	72	2	None			
			•				•				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 f February 15	First Semester to County Supe to State Super	intendent		May 24 to	Second Semester County Supering State Superinter	tendent ndent
COMPL	ETE THI	IS CLAIM FO	R STATE REII	MBURSEMEN	NT FOR SCH	OOL BUS TRAN	NSPORTATION:	
This clair	n is for the	period beginning		,	20 and en	ding	, ´.	20
			month	day		m	onth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is compl	ete and accurate to	the best of my kn	owledge.			
Date	Signature, Chair, Board of Trustees							
County:			District:				District Lev	vel:
32 Misso	oula		0596 Swan '	Valley Elem			Elemen	ıtary
Percentage	District #	Route #	Miles Per Day	Rate	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	33	NORTH	58	1.57	71	01/27/05		
	33	SOUTH	56	1.15	59	01/15/05		

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State Reimbursement for
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	First Semester	Second Semester
DUE	February 1 to County Superintendent	May 10 to County Superint
DATES:	February 15 to State Superintendent	May 24 to State Superinten

DUE DATES:		February 1 to County Superintendent February 15 to State Superintendent					May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	NT FOR SCH	IOOL BUS TRA	NSPORTATION	•	
This clain	n is for the	period beginning	S		,	20 and er	nding	,	20	
			İ	month	day		n	onth d	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:	County: District: District Level:						evel:			
32 Missoula 0597 Seeley Lake Elem Elementary					ntary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	34	I		58.8	1.57	71	None			
100	34	II		21.8	1.57	71	None			
100	34	III		47.6	1.57	71	None			



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First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

Date Signature, Chair, Board of Trustees

32 Missoula 0599 Frenchtown K-12 Schools High School

32 Wiissuula 0377			Trenchiown K-12 Schools		ingh School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	40	1	46.4	1.80	83	01/20/05		
100	40	10	28.6	1.57	72	01/20/05		
100	40	10A	30	1.57	72	01/20/05		
100	40	11	38.6	1.80	83	01/20/05		
100	40	12	25.8	1.80	83	01/20/05		
100	40	13	51.6	1.80	84	01/20/05		
100	40	14	81	1.80	83	01/20/05		
100	40	14A	1.4	1.80	83	01/20/05		
100	40	19	30	1.80	84	None		
100	40	19A	30	1.80	84	01/20/05		
100	40	2	62	1.80	84	01/20/05		
100	40	3	38.4	1.80	84	01/20/05		
100	40	3A	7.6	1.80	84	01/20/05		
100	40	4	64.4	1.80	84	01/20/05		
100	40	5	50.8	1.80	84	01/20/05		
100	40	6	32.2	1.80	84	01/20/05		
100	40	7	40.6	1.80	84	01/20/05		
100	40	8	27.6	1.80	84	01/20/05		
100	40	9	18.6	1.80	84	01/20/05		
100	40	Kindy 1	36.7	1.80	84	01/20/05		
100	40	Kindy 4	30.3	1.80	83	01/20/05		
100	40	Kindy 4A	30.3	1.80	84	01/20/05		
100	40	SE 16	26.1	0.95	16	01/20/05		
100	40	SE16A	2.2	0.95	16	01/20/05		
100	40	SE17	19.4	0.95	30	01/20/05		
100	40	SE18	28.5	0.95	30	01/20/05		
100	40	SE18A	13	0.95	30	01/20/05		
100	40	SE20	3.1	0.95	30	01/20/05		
100	40	SE21	11	0.95	16	01/20/05		